

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED

2012 JUL 11 PM 12:02

Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Anesthesia Service Medical Group Good Gov't Fund - Federal

ADDRESS (number and street)

7185 Navajo Road, Suite P

Check if different  
than previously  
reported. (ACC)

San Diego

CA

92119

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00216184

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐ AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)☒ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election  
Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election  
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 01 2012

through

M M / D D / Y Y Y Y  
06 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer C. April Boling, CPA

Signature of Treasurer

Date

M M / D D / Y Y Y Y  
07 10 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3X  
Rev. 12/2004

12030833402

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page **2**

Write or Type Committee Name

**Anesthesia Service Medical Group Good Gov't Fund - Federal**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 01 2012 To: M M / D D / Y Y Y Y 06 30 2012

	<b>COLUMN A This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
6. (a) Cash on Hand January 1, <small>Y Y Y Y</small> 2012		6521.99
(b) Cash on Hand at Beginning of Reporting Period.....	2130.06	
(c) Total Receipts (from Line 19) .....	8590.00	14275.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	10720.06	20796.99
7. Total Disbursements (from Line 31) .....	5721.98	15798.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4998.08	4998.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030833403

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**Anesthesia Service Medical Group Good Gov't Fund - Federal**

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2012

To:

MM / DD / YYYY  
06 / 30 / 2012

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3150.00

3150.00

(ii) Unitemized.....

5440.00

11125.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8590.00

14275.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

8590.00

14275.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

8590.00

14275.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

8590.00

14275.00

12030833404

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1721.98	2298.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1721.98	2298.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	9500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4000.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5721.98	15798.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5721.98	15798.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8590.00	14275.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8590.00	14275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1721.98	2298.91
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1721.98	2298.91

12030833406

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Terrance Breen

Mailing Address 5503 Rutgers Rd

City

La Jolla

State

CA

Zip Code

92037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26979-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Robert Brucker

Mailing Address 3253 Lahitte Court

City

San Diego

State

CA

Zip Code

92122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26904-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. James Cage

Mailing Address 4105 Alameda Drive

City

San Diego

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26905-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Michael Danielson

Mailing Address 500 W. Harbor Drive, Suite 1102

City State Zip Code  
San Diego CA 92101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26983-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Daniel DeRoo

Mailing Address 12649 Sagecrest Drive

City State Zip Code  
Poway CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26907-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Kent Diveley

Mailing Address 6537 Wandemere Drive

City State Zip Code  
San Diego CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26908-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....

450.00

TOTAL This Period (last page this line number only).....

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Brandon Giap

Mailing Address 6715 Rancho Toyon Place

City State Zip Code  
San Diego CA 92130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26985-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100 Monthly)

Full Name (Last, First, Middle Initial)

B. Claudia Herd

Mailing Address 16723 Circa Del Norte

City State Zip Code  
Rancho Santa Fe CA 92067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26943-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Garth Huston

Mailing Address 407 Shore View Ln

City State Zip Code  
Leucadia CA 92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐  
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26916-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
			17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Dandy Lee

Mailing Address 701 Midori Ct.

City State Zip Code  
Solana Beach CA 92075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General

☒ Other (specify)   
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26964-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Alex Pue

Mailing Address 3652 Carleton Street

City State Zip Code  
San Diego CA 92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General

☒ Other (specify)   
Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26956-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Mark S. Ransom

Mailing Address 859 Morning Sun Drive

City State Zip Code  
Encinitas CA 92024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General

☒ Other (specify)   
Calendar Year

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26957-IP

Amount of Each Receipt this Period

300.00

Payroll Deduction (\$100 Monthly)

SUBTOTAL of Receipts This Page (optional).....

600.00

TOTAL This Period (last page this line number only).....

12030833410

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Peter Raudaskoski

Mailing Address 11256 Sherrard Way

City

San Diego

State

CA

Zip Code

92131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary  
☒ Other (specify) ☐ General

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26922-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. Stephen Rogers

Mailing Address 1340 Opal Street

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary  
☒ Other (specify) ☐ General

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26923-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Steven A. Saltz

Mailing Address 2757 Inverness Dr.

City

Carlsbad

State

CA

Zip Code

92008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary  
☒ Other (specify) ☐ General

Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : 11AI-26958-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

450.00

TOTAL This Period (last page this line number only).....▶

12030833411

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 OF 15	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Lei Wang

Mailing Address 11149 Corte Mar de Cristal

City	State	Zip Code
San Diego	CA	92130

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26991-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

B. John Wright

Mailing Address 3063 Cranbrook Ct

City	State	Zip Code
La Jolla	CA	92037

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26929-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

Full Name (Last, First, Middle Initial)

C. Roger Zeman

Mailing Address 3545 Front St

City	State	Zip Code
San Diego	CA	92103

FEC ID number of contributing federal political committee.

C

Name of Employer

ASMG

Occupation

Anesthesiologist

Receipt For: 2012

☐ Primary ☐ General  
☒ Other (specify) ☐ Calendar Year

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2012

Transaction ID : 11AI-26931-IP

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶

450.00

TOTAL This Period (last page this line number only).....▶

3150.00

12030833412

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

**A. Atlantic Information Services**

Mailing Address 1100 17th St NW Ste 300

City Washington State DC Zip Code 20036-4631

Purpose of Disbursement  
Subscription

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2012

Transaction ID : 21B-795

Amount of Each Disbursement this Period  
422.00

Full Name (Last, First, Middle Initial)

**B. C. April Boling, CPA**

Mailing Address 7185 Navajo Rd Ste P

City San Diego State CA Zip Code 92119

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 16 / 2012

Transaction ID : 21B-791

Amount of Each Disbursement this Period  
283.98

Full Name (Last, First, Middle Initial)

**C. C. April Boling, CPA**

Mailing Address 7185 Navajo Rd Ste P

City San Diego State CA Zip Code 92119

Purpose of Disbursement  
Accounting services

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2012

Transaction ID : 21B-798

Amount of Each Disbursement this Period  
216.00

SUBTOTAL of Disbursements This Page (optional).....▶

921.98

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. National Journal Group, Inc

Mailing Address P.O. Box 64408

City Baltimore State MD Zip Code 21264-4408

Purpose of Disbursement  
Subscription

Candidate Name

001

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YY  
06 / 04 / 2012

Transaction ID : 21B-794

Amount of Each Disbursement this Period

800.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

800.00

TOTAL This Period (last page this line number only).....▶

1721.98

12030833414

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. Berg for Senate

Mailing Address PO Box 9394

City State Zip Code  
 Fargo ND 58106

Purpose of Disbursement

Candidate Name

Richard Berg

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: ND

District: 00

012  
 Category/  
 Type

Date of Disbursement

MM / DD / YYYY  
 06 / 28 / 2012

Transaction ID : 29-800

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Connie Mack

Mailing Address PO Box 14-1129

City State Zip Code  
 Coral Gables FL 33114

Purpose of Disbursement

Candidate Name

Connie Mack

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: FL

District: 00

012  
 Category/  
 Type

Date of Disbursement

MM / DD / YYYY  
 06 / 28 / 2012

Transaction ID : 29-801

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hudson for Congress

Mailing Address PO Box 5053

City State Zip Code  
 Concord NC 28027

Purpose of Disbursement

Candidate Name

Richard Hudson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☒ Other (specify) ▼

State: NC

District: 08

012  
 Category/  
 Type

Date of Disbursement

MM / DD / YYYY  
 06 / 04 / 2012

Transaction ID : 29-796

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....

2500.00

TOTAL This Period (last page; this line number only).....

12030833415

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Anesthesia Service Medical Group Good Gov't Fund - Federal

Full Name (Last, First, Middle Initial)

A. John Tavaglione for Congress

Mailing Address 6900 Brockton Ave # 10

City Riverside State CA Zip Code 92506

Purpose of Disbursement

Candidate Name

John Tavaglione

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M / D D / Y Y Y Y  
06 28 2012

Transaction ID : 29-802

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Price for Congress

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name

Tom Price

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M / D D / Y Y Y Y  
06 28 2012

Transaction ID : 29-803

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

4000.00

12030833416

Federal Election Commission  
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*JA*  
PREPARER  
(3/2005)

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